

COMMISSIONER FOR PATENTS JUN 01 2004  
P.O. Box 1450  
Alexandria, VA 22313-1450

Docket No.: 200.1102CP2  
Date: May 27, 2004

AF  
1615  
JRW

In re application of: Robert F. KANO and Robert D. COLUCCI  
Serial No.: 09/992,936  
Filed: November 5, 2001  
For: OPIOID AGONIST/OPIOID ANTAGONIST/ACETAMINOPHEN COMBINATION

Sir:

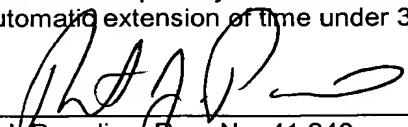
Transmitted herewith is a Response in the above-identified application.

- Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
- Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
- No fee for additional claims is required.
- A filing fee for additional claims calculated as shown below, is required:

| (Col. 1)   |           | (Col. 2) |           | SMALL ENTITY |           | LARGE ENTITY |              |
|--|-----------|----------|-----------|--------------|-----------|--------------|--------------|
| FOR :  | REMAINING | HIGHEST  | AFTER     | PREVIOUSLY   | PRESENT   | OR           | RATE   FEE   |
|  |           |          |           |              |           |              | RATE   FEE   |
|  |           |          | AMENDMENT | PAID FOR     | EXTRA     |              |              |
| TOTAL CLAIMS   | Minus     | =        |           |              |           | x \$ 9   \$  | x \$ 18   \$ |
| INDEP. CLAIMS  | Minus     | =        |           |              |           | x \$ 42   \$ | x \$ 84   \$ |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |           |          |           | + \$140   \$ |           | + \$280   \$ |              |
|  |           |          |           |              | TOTAL: \$ | OR           | TOTAL: \$    |

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- Also transmitted herewith are:
  - Petition for extension under 37 C.F.R. 1.136 (in duplicate)
  - Other:
- Check(s) in the amount of \$.00 is/are attached to cover:
  - Filing fee for additional claims under 37 C.F.R. 1.16
  - Petition fee for extension under 37 C.F.R. 1.136
  - Other:
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
  - Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
  - Any patent application processing fees under 37 C.F.R. 1.17.
  - Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.



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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" on May 27, 2004.  
DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: J. Morel



200.1102CP2

**UNITED STATES PATENT AND TRADEMARK OFFICE**

Examiner: James Spear                          Art Unit: 1615  
Re: Application of:                              Robert F. KAIKO et al.  
Serial No.:                                        09/992,936  
Filed:     November 5, 2001  
For:     **OPIOID AGONIST/OPIOID ANTAGONIST  
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**RESPONSE**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

May 27, 2004

**I. INTRODUCTORY COMMENTS**

Sir:

In response to the Office Action mailed February 27, 2004, please reconsider the above-referenced application in view of the following remarks.

A listing of claims is reflected beginning on page 2 of this paper.

Remarks begin on page 8 of this paper.